STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobby	yist(s) Karen Soucy			
II. Name of lobby	yist's partnership, firm or cor	poration, if any:		
Bianco Pr	ofessional Association			
	(Name of partnership, firm or corp	oration)		_
18 Centr	e Street	Concord	NH	03301
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(60 3 <u>225-717</u>	(603) 2	26-0165	e-mail ksoucy	@biancopa.com
(Telepho	one)	(Fax)	•	-
	nt covers: (Choose one – file s se transactions which are not			y file a separate report for
☐ All reportable	transactions occurring in the m	onths prior to the re	porting date relative to th	e following client:
	(Full Name of Client as it ap	opears on the Lobbyist	Registration Form)	
OR M All reportable is unrelated to any p	transactions by the lobbyist (incarticular client.	cluding the lobbyist'	s family), or the lobbying	firm listed below which are
IV. Date of Repo			July 26, 2017	
Reports cover:	activity from date of registration to October 25, 2017 X	n 3/31/17 act	ivity from 4/1/17 to 6/30/17	
	activity from 7/1/17 to 9/30/1	7 ac	January 31, 2018 L L tivity from 10/1/17 to 12/31.	(17
	been no fees received and n ked, complete just this form and 01.			
VI. Check if addi	itional reports are attached:			
	eceived fees or made expenditur	es, you must file A o	ldendum A- Fees and Ex	rpenses
☐ If you have pa Expense Reimburs	aid an honorarium or reimburse sement	d expenses, you mu	st file Addendum B Re	port of Honorariums or
If you, your fi	irm, or your family has made po	olitical contributions	, you must file Addendu	m C- Political Contributions
Sworn Statement	t/Affirmation by Lobbyist			
I have read B&A 1	15, RSA 15-B, RSA 14-C and R ne best of my knowledge and be	SA 664 and hereby elief.	,	
			10/19/11	1
(Signature of lob	. ()		' (Dat	e)
Kareh Soud	у О			
(Print Name of lo	obbyist)			



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

II No of lablasis 41			
II. Name of lobbyist's part	nersnip, firm or cor	poration, if any:	
	ssional Association		
(Name of partn	nership, firm or corporation)		
III. Name of Client			Date10/19/2017
Political Contributions			
	ion that is ranortable	nurcuant to DSA Chan	oter 664 paid on behalf of the
client/lobbyist and lobbying			ner oo4 paid on benan or the
The state of the area to boy int	5 mm, mareate the re		
		·	
Full name of candidate:	Committee to Elec	t House Democrats	5
an name of candidate.	(Last Name)		(Middle Name/Initial)
	30.00		
Amount of contribution \$	30.00	Office Candidate i	s Seeking
enter an estimated value and the	he word "estimate."		ution. If the actual cost is not know
enter an estimated value and the	he word "estimate."		
enter an estimated value and the	he word "estimate."		
Full name of candidate:	he word "estimate." (Last Name)	(First Name)	
enter an estimated value and the	he word "estimate." (Last Name)	(First Name)	
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribution contri	(Last Name) d contribution, provide	(First Name) a description of the good	(Middle Name/Initial) ds or services provided, and enter th
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contrenter an estimated value and the second contribution is an in-kind contribution is an in-kind contribution in the second contribution in the second contribution is an in-kind contribution in the second contribution in the second contribution in the second contribution is an in-kind contribution in the second contribution in t	(Last Name) d contribution, provide	(First Name) a description of the good	(Middle Name/Initial) ds or services provided, and enter th
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind contribution contribution the in-kind contribution contrib	(Last Name) d contribution, provide	(First Name) a description of the good	

If the contribution is an in-kind contribution, provide a descr actual cost of the in-kind contribution on the line above for a enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contri	ibutions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and herel is true and complete to the best of my knowledge and b	
(Signature of loboyist)	10/19/2017 (Date)
Karen N. Soucy	
(Print Name of lobbyist)	